

Survey Date:

HOME HEALTH FUNCTIONAL ASSESSMENT INSTRUMENT: MODULE A

Provider Medicare ID:

Patient HI Claim No:

PATIENT INFORMATION

CONDITION/PROBLEM

A.20 Anticipated patient care outcomes related to medical, nursing, and rehabilitative services. Patient and condition specific outcomes should be measurable and quantifiable. Include date outcome was defined and/or revised. Review forms CMS-485 - 486, other parts of the clinical records.

A1. Patient Name

A12. ICD-9-CM Principal Diagnosis

Date

A2. Date of Birth/Age:

A3. Sex

☐ M ☐ F

A13. ICD-9-CM Surgical Procedure

Date

A4. Referral Date

A14. ICD-9-CM Other Pertinent Diagnoses

Date

Hospital D/C Date

A5. Start of Care (SOC) Date

A6. Admitted From

☐ Hospital ☐ Nursing Home ☐ Home

☐ Other _____

A15. Impairments

☐ Speech ☐ Hearing ☐ Vision ☐ None

A7. Patient Risk Factors related to medical diagnoses

☐ Alcoholism ☐ Obesity

☐ Heavy Smoking ☐ Drug Dependency

☐ Chronic Conditions _____

☐ None Known

A8. Family Situation/Living Arrangement

☐ Alone ☐ With Spouse ☐ Unknown

☐ Other _____

A9. Primary Informal Caregiver(s)

☐ Self ☐ Spouse ☐ Other Relative

☐ Friend ☐ None ☐ Paid Attendant

☐ Child ☐ Other Volunteer

A10. Informal caregiver(s) is (are) able to receive instructions and provide care?

☐ Yes ☐ No

☐ N/A ☐ Not Known

A11. Is there information that the patient's living environment might detract from HHA's ability to implement or complete the plan of care?

☐ Yes ☐ No

A17. Prognosis (at start of care)

☐ Poor ☐ Guarded ☐ Fair

☐ Good ☐ Excellent

A18. Medical Condition at Review (as compared to time of admission)

☐ Improved ☐ Deteriorated

☐ Unchanged ☐ Unknown

A19. Review plan of care and interim orders for type, duration, and frequency of services ordered. Use the calendar worksheet to ensure that services were delivered as required in the plan of care. Were services delivered as ordered?

☐ Yes ☐ No

SURVEYOR NOTES:

More than 6 outcomes? ☐ Yes ☐ No
(Continue on back of module)

Is there evidence of planning toward discharge?
☐ Yes ☐ No ☐ Not Appropriate

Does record contain progress notes that describe the level of achievement for anticipated outcomes?
☐ Yes ☐ Some ☐ No

Level of Achievement for Patient Care Outcome

Completely

Partially

Not At All

Surveyor Comments

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0355. The time required to complete this information collection is estimated to average 15 minutes per response, including the time to review instructions, searching existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, Mailstop N2-14-26, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.